

## INSTRUCTIONS FOR FILING A TENTATIVE MAP EXTENSION

**NOTE: This extension should be filed at least 30 days prior to the expiration of the approved tentative map. (See the Processing Section below)**

### INSTRUCTIONS

Please complete the attached application and return it, in person, to the Planning Divisions of the Department of Planning, Building and Code Enforcement, along with:

1. Fully completed Tentative Map Extension application signed and notarized by the property owner and Civil Engineer or Licensed Land Surveyor.
2. Fifteen (15) copies of the approved Tentative Map to be extended.
3. **Noticing the Neighborhood.** Refer to the Public Outreach Policy for a full description of the City's public notification procedures. Public Hearing notices will be mailed for development proposals at least 10 calendar days before the date set for hearing for a project. Notices will be sent to all property owners and residents within 300 feet for Very Small projects, 500 feet for Standard Development Proposals and a minimum of 1,000 feet for large or controversial projects as detailed in the Public Outreach Policy.
4. **Environmental Clearance.** Provide the file number and type of previous environmental document covering the site applicable to this extension request (e.g., Negative Declaration or Environmental Impact Report issued for the rezoning of the site [PDC xx-yy-zzz] or for the Tentative Map which is being extended.

6. **Fees.** An application fee (see Fee Schedule). Checks payable to the City of San Jose. No Environmental application fee required for an extension.

### PROCESSING SCHEDULE

Once a Tentative Map has expired, it cannot be extended. A request for Tentative Map Extension typically takes **six to eight weeks** to process. Additional information may be requested. Please take this timing into account.

If your request to extend a Tentative Map is based on a previously approved Planned Development (PD) Permit, then the PD permit **must still be in effect** at the time the Tentative Map Extension request is applied for. If the PD permit has expired, it will be necessary to apply for a new PD permit and a new Tentative Map (in that order).

A Tentative Map Extension is usually granted for a period of two (2) years from the Tentative Map expiration date. Two sequential extensions are allowed up to a total of three (3) years.

The proposed extension will be reviewed and notices mailed to the surrounding property owners.

A public hearing will be held before the Director of Planning. A decision will be made after that hearing. The Director's decision may be appealed by the subdivider or any of the affected neighbors to the City Council within 15 days.

## TENTATIVE MAP EXTENSION APPLICATION

TO BE COMPLETED BY PLANNING STAFF			
FILE NUMBER	COUNCIL DISTRICT	QUAD #	RECEIPT # _____
LOCATION _____ _____ _____			DATE _____
			AMOUNT _____
			BY _____

TO BE COMPLETED BY APPLICANT (PLEASE PRINT OR TYPE)	
PREVIOUS TENTATIVE MAP FILE #	EXPIRATION DATE
PD PERMIT FILE # (IF APPLICABLE)	EXPIRATION DATE

R E A S O N   F O R   R E Q U E S T

E N V I R O N M E N T A L   S T A T U S	
<input type="checkbox"/> FILE # _____  <input type="checkbox"/> NEGATIVE DECLARATION GRANTED  <input type="checkbox"/> EXEMPTION GRANTED	<input type="checkbox"/> E.I.R. FOUND COMPLETE  DATE _____  TITLE OF E.I.R. _____

**NOTICE: ALL APPLICATIONS MUST BE HAND-DELIVERED TO ROOM 400, CITY HALL ANNEX.**

# TENTATIVE MAP EXTENSION APPLICATION

SIGNATURE PAGE (PLEASE PRINT OR TYPE)			
NAME OF <b>PROPERTY OWNER</b>		DAYTIME TELEPHONE # (     )	
ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE (To Be Notarized) <b>X</b>		DATE	
NAME OF <b>PROPERTY OWNER</b>		DAYTIME TELEPHONE # (     )	
ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE (To Be Notarized) <b>X</b>		DATE	
NAME OF <b>PROPERTY OWNER</b>		DAYTIME TELEPHONE # (     )	
ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE (To Be Notarized) <b>X</b>		DATE	
NAME OF <b>CIVIL ENGINEER OR LICENSED LAND SURVEYOR</b>		LICENSE #	
NAME OF FIRM, IF APPLICABLE		DAYTIME TELEPHONE # (     )	
ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE <b>X</b>		DATE	
NAME OF <b>SUBDIVIDER</b> (if different from Civil Engineer or Licensed Land Surveyor)		DAYTIME TELEPHONE # (     )	
ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE <b>X</b>		DATE	
NAME OF <b>CONTACT PERSON</b>			
ADDRESS	CITY	(     ) STATE	ZIP CODE
DAYTIME TELEPHONE # (     )	FAX TELEPHONE # (     )	E-MAIL ADDRESS	
If there are additional signature required, please attach a separate sheet to provide the above information.			

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